Substitute for form 1449/PTO (Revised 07/2007)	Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT *(Use as many sheets as necessary)*	Application Number	10/510,368
	Filing Date	October 19, 2004
	First Named Inventor	Philippe Lefere
	Art Unit	3768
	Examiner Name	K.L. Fernandez
Sheet 1 of 1	Attorney Docket Number	048777/283575

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OTHER DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached
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